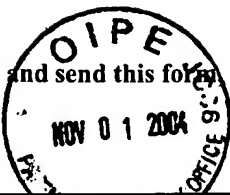


PART B - FEE(S) TRANSMITTAL

Complete and send this form together with applicable fee(s), to: MailMail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

39207 7590 08/02/2004

SACCO & ASSOCIATES, PA
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11/02/2004 #HEKONE1 00000036 10600627

01 FC:1501 1370.00 DP
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Robert J. Sacco

(Depositor's name)

(Signature)

(Date)

10-27-04

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/600,627	06/20/2003	Griffin K. Gothard	7162-94	7188

TITLE OF INVENTION: MULTI-BAND RING FOCUS ANTENNA SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	11/02/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CAO, HUEDUNG X	2821	343-779000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Sacco & Associates, PA

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

HARRIS CORPORATION

MELBOURNE, FL

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2884 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Authorized Signature)

(Date)

10-27-04

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMIT THIS FORM WITH FEE(S)



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/600,627 Confirmation No. 7188
Applicant : GOTHARD
Filed: : June 20, 2003
TC/A.U. : 2821
Examiner : CAO, Heudung X.

Docket No. : 7162-0094
Customer No. : 39207

TRANSMITTAL LETTER

Mail Stop Issue Fee
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450


Sir:

Please find attached for filing:

- ✓ Fee Transmittal PTOL 85
- ✓ Fee: \$1679
- ✓ Other: Postcard Receipt
- ✓ Please charge any deficiencies or credit any overpayments to Deposit Acct. No. 50-2884.

Respectfully submitted,

10-27-04
Date


Robert J. Sacco
Registration No. 35,667
SACCO & ASSOCIATES, P.A.
P.O. Box 30999
Palm Beach Gardens, FL 33420-0999
Tel: 561-626-2222

Certificate Under 37 C.F.R. 1.8(a)

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